

Care Quality Commission

Inspection Evidence Table

Great Witley Surgery (1-548273347)

Inspection date: 14 February 2019

Date of data download: 16 January 2019

Overall rating: Outstanding

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence:	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 06/02/19	Y
There was a record of equipment calibration. Date of last calibration: 06/02/19	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: September 2018	Y
There was a log of fire drills. Date of last drill: 07/02/19	Y
There was a record of fire alarm checks. Date of last check: 07/02/19	Y
There was a record of fire training for staff. Date of last training: 19/11/18	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 11/12/18	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 13/02/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 05/12/18	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 01/10/18	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice completed monthly ongoing audits. There was a lead nurse for infection control and the last audit had been completed in October 2018. Actions identified and implemented included replacing fabric chairs.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA)</small>	1.11	1.06	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	14.1%	10.1%	8.7%	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Y

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We discussed the practice's antibiotic prescribing as the prescribing of co-amoxiclav, cephalosporins and quinolones was higher than local and national averages. The practice was taking action to review its antibiotic prescribing which was being led by the clinical pharmacist. This was being continually reviewed in line with prescribing guidelines and best practice.</p> <p>We checked the medicines in the dispensary and found that the practice had taken appropriate measures to contact the controlled drugs officer.</p> <p>Although there was a process in place for the security of keys to the dispensary we found that there was no risk assessment in place to mitigate the risks of all staff having access to this area and the controlled drugs cupboard. On the day of the inspection the practice confirmed they would complete a risk assessment for this area and purchase a more secure device so that the access of keys for the controlled drugs cupboard would be more secure.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
Explanation of any answers and other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	21
Number of events that required action:	21
<p>Explanation of any answers and additional evidence:</p> <p>Staff understood their duty to raise concerns and report incidents and near misses. Staff were supported by management and GPs when they did so. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence from significant events that the practice discussed a number of positive aspects of the care delivered to patients.</p>	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
The process for requesting a home visit by the district nurse was not followed correctly. The patient was not visited by the duty GP as this was incorrectly logged.	The practice realised the mistake and carried out a visit the following day. The patient was offered an apology. The process for requesting home visits was reviewed with the district nurses and reception staff to ensure that the request was correctly logged and actioned appropriately.
The wrong number of medicines was delivered to a patient as this was incorrectly logged on the system.	The practice apologised to the patient and amended the medicines and the prescription record. The system for ordering medicines was reviewed and streamlined to make this more safe and efficient. Staff were provided with updated training on recording this on the system.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a policy and process for receiving and acting on safety alerts. These were received by the</p>	

practice manager and clinical pharmacist. The information was reviewed and cascaded to the relevant clinicians. All alerts were recorded on the practice intranet and kept in a folder with an action of the task carried out. These were discussed in clinical meetings and a reminder of the last month's alerts were circulated to staff each month.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.69	1.03	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice carried out home visits when required.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice held specialist clinics in diabetes and musculoskeletal conditions.
- The practice provided chronic obstructive pulmonary disease (COPD) rescue packs. A new protocol had been updated when patients are self-medicating exacerbations, along with guidelines regarding medicine combinations
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.6%	82.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	26.6% (73)	11.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.7%	81.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	15.3% (42)	6.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.2%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.9% (30)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.2%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (17)	5.3%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.0%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.2% (8)	9.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.6%	86.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.6% (25)	2.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.6%	94.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (7)	9.1%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets of 90% with a range of 93% to 96%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- There was a good working relationship with the health visitor teams who attended multidisciplinary meetings monthly.
- Weekly midwife appointments and fortnightly health visitor appointments were available.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Families and young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	43	45	95.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	59	62	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	58	62	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	60	62	96.8%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicine without the need to attend the surgery.
- The practice's cervical screening rates was higher than the 80% coverage target for the national screening programme.
- The practices breast and bowel screening results were higher than the local and national averages.

Cancer Indicators	Practice	CCG	England	England
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		average	average	comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	81.7%	74.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.7%	75.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.5%	60.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	76.0%	75.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	56.3%	54.3%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including substance misuse and migrant workers.
- All patients with a learning disability had alerts on their records and were offered an extended 40 minute annual review and health check appointment. Over a 12 month period the practice had provided reviews for all nine patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for

physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Improving Access to Psychological Therapies (IAPT) counsellors were based at the practice weekly and patients could be referred to the service.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Due to the rurality of its patients psychogeriatrician clinics were held at the practice by secondary services on a monthly basis. 60 minute appointments were given to assess patient's needs. In addition, the prompt starting of medicines could be dispensed and managed effectively by the GP and clinical pharmacist.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.1%	92.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.5% (2)	10.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	10.5% (2)	8.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	83.8%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	10.3% (3)	3.8%	6.6%	N/A

Any additional evidence or comments

We noted that the practice's QOF achievement for long term indicators was comparable to the local and national averages. However, the exception reporting rate for diabetes was higher than the local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, when patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We discussed this with the practice and saw evidence that patients were exception reported appropriately. The practice was continuing to review its reporting rates and the clinical pharmacist regularly undertook audits in line with best practice guidance.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.5	554.2	537.5
Overall QOF exception reporting (all domains)	5.4%	5.1%	5.8%

Y/N/Partial

Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

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|---|
| <ul style="list-style-type: none"> A two-cycle audit was carried out to look at the benefits of corticosteroid knee injections for patients with osteoarthritis. The first cycle identified that 75% of patients experienced improvement. During the second cycle the audit identified that 92% of patients experienced an overall improvement with no infection rates, resulting in a reduction of referrals to secondary services. The audit confirmed that the procedure was well tolerated for patients and met the correct standards. |
| <ul style="list-style-type: none"> An audit was carried out to establish whether a high-risk medicine was prescribed and monitored appropriately. The audit found that all of the 31 patients had received appropriate blood monitoring within the recommended timeframes. As a result of the audit a new protocol was developed to ensure patients had the correct coding on their notes so this could be monitored effectively. |

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Some staff had received an appraisal, however on the day of the inspection managers told us that the remainder of appraisals were in the process of being completed. Staff told us they were able to request training at any time. Some staff had been trained in dual roles. For example, a receptionist had been trained to take bloods. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or	Y

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was part of a Primary Care Excellence (PCE) team and a rural neighbourhood team which comprised of two other practices. The team met regularly to work on local initiatives, national campaigns and to evaluate best practice.</p> <p>The practice held monthly multidisciplinary team meetings to discuss complex patients and establish action plans for better outcomes.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.4%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (6)	0.4%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making.	

Caring

Rating: Outstanding

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

We rated the practice as outstanding for providing caring services because:

- Patient satisfaction through the National GP Patient Survey was higher than both the CCG and England averages across all indicators relating to caring.
- Patient feedback through comment cards, reviews on NHS Choices and patient consultations on the day of the inspection were very positive about the caring nature of the practice.
- The practice demonstrated an understanding and commitment to valuing, respecting and showing compassion to their patients. The practice could evidence that they went the extra mile to ensure patients dignity was respected and they were committed to their patients care.
- The practice had identified and supported 103 carers which represented 1.5% of the practice list size. In addition, the practice kept a register of 45 patients who were unofficial carers to ensure they were aware of support and information to support them.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice demonstrated an understanding and commitment to valuing, respecting and showing compassion to their patients. The practice could evidence that they went the extra mile to ensure patients' dignity was respected and they were committed to their patients' care and shared the following examples with us:	
<ul style="list-style-type: none">• If patients attended appointments and appeared distressed following a consultation then the practice would walk the patient out of the building using an alternative door to ensure they were not subjected to walking back through the waiting room.• On occasions, if patients were unable to drive home, the practice would take them home and allow them to leave their vehicle at the surgery until they could arrange collection.• A receptionist would meet a wheelchair bound patient in the car park and escort them into the surgery for their appointment. The practice nurse would escort them back to their car afterwards.• The Clinical Pharmacist had seen a patient during the week to review their medicines. On the Friday he was concerned about how the patient was coping and so visited the patient on the	

Saturday morning to follow up on the concerns and maintain continuity of care.

- Where patients required medicines and were unable to visit the practice to collect them or wait for their delivery day, an appropriate member of practice staff would deliver their medicines to them that day.
- Alerts were added to the records of patients with dementia records so that anyone speaking to the patient could remind them of their appointments. In addition, reception staff proactively contacted these patients to remind them of the time of their appointment.

CQC comments cards

Total comments cards received.	47
Number of CQC comments received which were positive about the service.	47
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	All 47 comments cards that were completed in the two weeks prior to our inspection provided overwhelmingly positive feedback about the care patients received. Patients told us that the practice was a welcoming and friendly environment. Patients said that the practice provided compassionate and exceptional care and went the extra mile to be helpful. Patient told us they had the confidence in the clinicians they saw. They reported that appointments were easy to obtain with same day appointments always available.
Patient discussions	All of the patients we spoke with on the day of inspection were very complimentary about how staff treated patients. They told us they could always obtain an appointment when they needed one and that they never felt rushed during appointments.
NHS Choices	The practice had achieved five stars out of five from three NHS Choices reviews. Feedback included that the practice was exemplary in its care and staff were kind and professional.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6793	229	137	59.8%	2.02%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	97.8%	93.2%	89.0%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	97.8%	90.8%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	96.9%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	97.8%	88.2%	83.8%	Variation (positive)

Any additional evidence or comments

The GP National Survey for 2018 evidenced that the practice scored consistently higher than the local and national averages in all areas in the patient survey results with 100% of patients reporting that they had confidence and trust in the healthcare professional they spoke to.

Question

Y/N

The practice carries out its own patient survey/patient feedback exercises.

Y

Any additional evidence

The practice completed a monthly 'Friends and Family' satisfaction audit. Data showed that 93% of patients were extremely likely to recommend the practice to friends and family.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A member of the Patient Participation Group (PPG) attended the practice weekly and offered support to patients to complete online registration documents and the bookings of appointments electronically. Literature and support was available to patients and their carers on the community services available.</p> <p>The practice told us that staff were encouraged to be advocates for patients. On the day of inspection, we spoke with staff who confirmed this. They told us they were encouraged to be advocates and would actively notify the GPs if there were any concerns with patients in the waiting room. The practice told us that all clinicians collected patients from the waiting room and used this approach to actively monitor the waiting room. We saw clinicians carrying this out on the day of our inspection. The practice could give examples of how this had a positive impact on patient care. For example, a GP, while collecting a patient from the waiting room had noticed another patient of theirs collecting their medicines from the dispensary who looked unwell. The GP prioritised an appointment immediately for further investigation and follow up. Another example included a patient who requested a painkiller for her husband after a fall. Following further probing the dispenser requested that the patient be seen by the duty doctor for further examination. This resulted in a change to their medicines.</p>	

Source

Feedback

Interviews with patients.	All the five patients we spoke with on the day of the inspection were very positive about how they were involved in decisions about care and treatment. They told us that staff fully explained procedures, medicines or side effects and communicated excellently.
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.8%	95.3%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
<p>The practice waiting area had a number of leaflets and noticeboards available to patients such as:</p> <ul style="list-style-type: none"> • Children's area with information on family support, healthy initiatives and the start for life programme. • Diabetes programme, healthy eating initiatives and campaigns. • Mental health support, domestic violence and bereavement services. • Patient newsletter, Worcestershire carers' packs and community initiatives such as the Parkrun. • Information was on display on confidentiality, interpreting services and services for patients hard of hearing. • The practice had a noticeboard with a GP and nurse timetable for both sites. 	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 103 carers which represented 1.5% of the practice list size. The practice also kept a separate register of patients who were unofficial carers and had 45 patients on this register.
How the practice supported carers.	The practice had a carers' lead and proactively identified patients who were carers when they first registered with the practice and through discussion. The practice had carers' packs in reception and would signpost them to services for support and advice. Carers were offered flu immunisations and the practice engaged with the local carers' association. The carers' lead also followed up patients on the practice's list of unofficial carers to ensure they were aware of local and national services which were available to provide support.
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis. This included a telephone call or appointment should patients request this. Patients could be signposted to bereavement support services or local organisations.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice reception desk was set back from the reception waiting area and music was playing in the reception area to reduce conversations being overheard. The reception computer had a privacy screen. Staff we spoke with recognised patients' dignity and respect and told us they could use a private room if patients wanted a private discussion or were upset.</p>	

Responsive

Rating: Outstanding

We rated the practice, and all the population groups, as outstanding for providing responsive services because:

- The National GP Patient Survey Results for 2017 and 2018 were significantly higher than local and national averages in outcomes relating to access. The practice had achieved the second highest GP Patient Survey results in Worcestershire for the past two years and voted in the top ten nationally during 2017.
- The practice continued to offer its annual Christmas lunch to the older population and vulnerable patients. This was rating as an area of outstanding practice on the last inspection. It was now in its fourth year and had been attended by over 60 people in the local community. The practice had received feedback from patients on the benefits this had to their overall wellbeing.
- The practice continued to actively support palliative patients by giving them direct access to a GP's contact number. The clinical pharmacist employed by the practice supported families and the district nurses during the weekends to ensure patient's and families needs were met.
- Patients who had been assessed as presenting as a suicide risk were given an immediate appointment or were given a number that took them straight through to the duty doctor. The practice could evidence a system to monitor these 13 patients.
- The practice used funding in 2017 for a social prescribing project with the neighbouring team to reach out to services in the local community. They created a directory of local services and initiated a social prescribing event which was attended by 40 local services. The event was successful in initiating volunteers in the community. In addition, the practice engaged with a local country park and became involved in the local walking network as well as the parkrun. The practice shared examples of how patients had benefitted both physically and psychologically as part of their social prescribing work. The practice presented the rural aspects of social prescribing at The Midlands Social Prescribing Network Conference in January 2019 and could evidence that the practice had seen an 11% reduction in its hospital admissions during the past twelve months.
- The practice was working towards becoming a dementia friendly community. They had engaged with the community and were in the process of setting up a dementia friendly café. Two patients at the practice had completed dementia training with The Alzheimer's Society so they could deliver a dementia programme in the local community.
- The practice provided multiple examples of individualised, tailored care that met patients' needs. The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

Y/N/Partial

The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence:	
The practice continued to be flexible in the availability of appointments to its patients. Same day appointments were available for all patients with two urgent home visits allocated to the duty GP each day for emergencies.	
The practice had a number of wheelchairs available in the practice which were utilised to assist patients to and from their vehicles due to limited parking availability on-site.	

Practice Opening Times	
Day	Time
Opening times:	Great Witley Surgery
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Opening times:	Martley Branch
Monday	8.45am – 11am
Tuesday	Closed
Wednesday	8.45am – 11am
Thursday	8.45am – 11am
Friday	Closed
Appointments available:	Great Witley Surgery
Monday	8.30am – 12.30pm and 2pm – 6pm
Tuesday	8.30am – 12.30pm and 2pm – 6pm
Wednesday	8.30am – 12.30pm and 2pm – 6pm
Thursday	8.30am – 12.30pm and 2pm – 6pm
Friday	8.30am – 12.30pm and 2pm – 6pm
Appointments available:	Martley Branch

Monday	8.45am – 10.45am
Tuesday	Closed
Wednesday	8.45am – 10.45am
Thursday	8.45am – 10.45am
Friday	Closed
	<p>Patients requesting appointments at The Martley branch could contact the main site from 8am to book an appointment.</p> <p>The practice was part of the GP federation and extended hour appointments were available at practices based within hubs throughout Worcestershire. These included appointments from 6.30pm to 8pm on weekdays and during the day on Saturdays and Sundays.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6793	229	137	59.8%	2.02%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	100.0%	95.6%	94.8%	Significant Variation (positive)

Older people

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> • All patients had a named GP who supported them in whatever setting they lived. • The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • The practice followed up on older patients discharged from hospital and ensured that patient care plans and prescriptions were updated to reflect any extra or changed needs. This included rapid medicine reconciliation following a discharge from hospital. • The clinical pharmacist would complete non-acute visits to patients with poor mobility issues and review medicines and dosette trays. • There was a medicines delivery service for housebound patients. • The practice provided a hearing aid repair service for patients. • The practice provided an annual Christmas lunch which was open to any patients in the area. The practice showed us evidence of feedback from patients of the benefits this had to their overall wellbeing. • The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.

People with long-term conditions

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> • Patients with multiple conditions had their needs reviewed in one appointment. • The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. • The practice specialised in diabetes initiation. The diabetes specialist nurse in the practice offered lifestyle interventions sessions for those patients at risk of diabetes (DALAS). In addition, they ran the X-PERT diabetes programme each month which was open to existing diabetic patients and those recently diagnosed with diabetes. The practice could evidence that 60% of patients had seen a reduction in their HbA1c.

- The practice held acupuncture sessions available to its patients which was led by a GP in the practice. These could be booked in as routine surgery appointments.
- The practice provided a clinic for musculoskeletal conditions which was led by a GP in the practice.
- Opportunistic monitoring and screening was undertaken to help identify those patients at potential risk of developing a long-term health condition such as diabetes or chronic obstructive pulmonary conditions (COPD). This included opportunistic home visits to check appropriate packages of care are in place following a discharge from hospital.
- COPD rescue packs were available for patients experiencing ongoing exacerbations throughout the year.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. Patients had direct access to a clinician 24 hour a day for ongoing support.
- Information sharing through secure electronic pathways was established and this promoted continuity of care.
- The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.

Families, children and young people

Population group rating: Outstanding

Findings

- Appointments were available for school age children during the morning and after school so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered a full range of family planning services such as intra-uterine device (coil) insertion, barrier contraception hormone contraceptive implants, injections and sexual health advice.
- The practice building was suitable for children and babies with changing, feeding facilities and a designated children's corner in reception.
- The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.
-

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Same day appointments or walk in appointments were available for patients.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Pre-bookable appointments were available to all patients at the practice as well as at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday from 10am until 1pm at hubs across Worcestershire.
- The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.

People whose circumstances make them vulnerable

Population group rating: **Outstanding**

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, substance misusers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, home visits could be carried out for those unable to attend for an appointment and easy read guidance was available for patients in pictorial format to assist their understanding. The practice could evidence that 100% of patients with a learning disability had completed an annual review.
- The practice completed home visits for vulnerable patients and worked holistically with multi-agencies to support individual's needs. The practice shared many examples of people they had helped through social prescribing. For example, a GP had secured funding to purchase a cooker and fridge for a vulnerable patient who lived alone.
- The practice shared another example where a patient who had recently become widowed and isolated was referred to an activity day centre and engaged in the local health walks. As a result, they were now involved in coordinating the service and had benefitted from going on holidays and a pilgrimage.
- The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.

People experiencing poor mental health (including people with dementia)

Population group rating: **Outstanding**

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Patients who had been assessed as presenting as a suicide risk were given a green card. These patients were given an immediate appointment or were given a number that took them straight through to a GP who was on call. Patients were able to access the GP on call between 8am-6.30pm each weekday.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice was in the process of working towards becoming a dementia friendly location.
- Patients with poor memory had alerts on their notes and prompts in place so that staff would contact them as a reminder to attend an appointment or collect their prescription.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Due to the rurality of its patients and the local hospital being nine miles away the practice held monthly psychogeriatrician clinics in collaboration with secondary services to ensure that patients physical and mental health needs were addressed.
- The ability to access the service in a timely manner and the choice of appointment, the level of positive feedback, GP national survey results and continuity of care affected all population groups.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Home visit requests could be booked on the day or in advance. These would be entered onto the electronic system and the duty doctor would be alerted to assess the urgency of the visit. These would then be discussed between the GPs and allocated accordingly. Two appointment slots were blocked out for the duty GP each day for any urgent home visits.</p> <p>The practice offered same day appointments which was available to all patients at the practice. This was available by telephone or walk in. In addition, patients requesting an appointment to see their preferred GP could access this within three to five days.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	95.2%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	96.2%	73.2%	68.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	82.5%	68.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	94.5%	78.9%	74.4%	Variation (positive)

Any additional evidence or comments

The practice's National Survey results for 2017 evidenced that the practice had achieved the second highest patient results in Worcestershire and was voted in the top 10 results nationally for 2017.

The latest results for 2018 evidenced that the practice continued to be consistently higher than local and national averages and achieving again the second highest results in Worcestershire. At the time of the inspection the practice was waiting to hear if they were rated in the top 10 nationally.

Source	Feedback
Patient discussions	One of the patients we spoke with on the day of the inspection told us they had telephoned the practice and been offered an appointment within an hour.
Comment cards	Feedback from a number of comment cards confirmed that the practice was extremely flexible with appointments and that many patients were given same day appointments.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient wrote in concerned about the treatment her late father received.	The practice conducted a thorough investigation into the care during the period of concern. This was discussed at a significant event meeting. A letter was sent to the complainant outlining the concerns within the agreed time frame. No further action was taken.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. • Partners and managers were visible throughout the practice and staff told us that they were approachable and available. There was regular communication and leaders demonstrated an openness and supportive approach. • Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. • Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences 	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice vision was:</p> <ul style="list-style-type: none"> • To deliver high quality, patient centred, traditional primary care in a friendly and caring 	

environment.

Its core values and purpose was:

- To embrace current evidence based medical thinking and try and apply this to the care of our patients.
- Challenge and embrace healthcare reforms, and to interpret them in a way that we feel is meaningful and enhances the care of our patients.
- Aim to be innovative by incorporating the best of the new whilst not losing sight of the importance of the traditions of good family medicine

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Explanation of any answers and additional evidence:

- All staff we spoke with on the day of the inspection told us there was an open-door policy and felt supported by management. Staff had access to all policies on their computer desktop. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they felt valued by management. At Christmas staff were given a Christmas reward scheme which included an extra day's annual leave. In addition, the practice would hold social events throughout the year such as a summer party and the GPs would purchase Easter eggs for staff.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff told us there was a supportive culture with both staff and patients. They told us they would never turn patients away and were always accommodating.

	<ul style="list-style-type: none"> • Staff felt there was an open-door policy and a friendly approach. They were able to raise concerns, felt part of a big team and that management were very approachable, considerate and would address any issues. • Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture and felt appreciated. • Staff felt they were treated equally and were given opportunities to develop further. Many staff were trained in dual roles and had opportunities to discuss development.
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Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Governance structures and systems were in place to ensure that the practice was managed appropriately. There were designated roles and responsibilities which were well-established in the practice. They had a schedule of meetings and communicated well with multi-disciplinary services, however on checking some of the recent meetings we noted that some of the most recent meetings were not formally documented. The practice manager showed us evidence of notes taken during these meetings and reported there had been a delay in typing these up. They reassured us that they were in the process of being completed. • Staff met regularly to discuss any issues or complex cases and to offer and receive peer support. • The dispensary team held daily huddles where they discussed any clinical issues or concerns. In addition, the clinicians met daily for mid-morning coffee where they would discuss any clinical issues or plan for any home visits. 	

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the patient participation group (PPG). The PPG were active and well established. They met with the practice every three months and felt the practice were open and honest in giving feedback and suggestions on the future developments of the practice. They regularly supported the practice in campaigns such as flu vaccinations and holding the Christmas lunch for the community. They assisted the practice with surveys, fundraising and providing weekly advocacy and support to patients in the reception area.

Any additional evidence

The practice engaged with local services and charities in the area. They held a book recycle scheme in the reception area and all proceeds were donated to the air ambulance service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

As part of the neighbourhood team initiative the practice was in the process of funding clinical psychology support for children in schools based on the Sheffield model (a programme to improve emotional health and wellbeing to school children).

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.